

CHARITABLE ORGANIZATIONS

COMPLAINT TO ATTORNEY GENERAL ON A NONPROFIT ORGANIZATION

Name of Organization:

List any other names used:

Address or organization:

Phone: _____

FAX: _____

Briefly summarize the main points of your complaint here:

(Attach additional pages if necessary for this or any questions that follow)

Have charitable funds or other assets been lost, wasted or diverted from proper charitable purposes? Or, is there a danger that such a loss will soon occur? Please explain, giving your best estimate of the amount lost or at risk, if you know:

What action has already been taken, either within the organization or with other law enforcement agencies, to try to resolve this problem?

List the names, addresses and telephone numbers, if known, of all persons you believe may be responsible for this problem:

List the names, addresses and telephone numbers of any persons who may have additional information concerning the complaint:

☐ Check here if you request that your identity be kept confidential. Your name will be withheld from disclosure if there is a reasonable belief that you will suffer retaliation for filing this complaint. Please attach an explanation to document the reason(s) for this belief:

Mail the completed form to:

Attorney General of New Mexico
Registry of Charitable Organizations
111 Lomas Boulevard, N.W., Suite 300
Albuquerque, New Mexico 87102

NAME

DATE